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Transcript: AMA President, Dr Omar Khorshid, RN, *RN Breakfast with Fran Kelly*, Monday, 31 August 2020

Subject: Border closures, hot spots, Federal-State health care, Stage 4 restrictions in Victoria

FRAN KELLY: Well, despite border restrictions being in place for months now, uncertainty remains about who's eligible for medical exemptions, and there are daily examples of people unable to cross borders to access the care they desperately need. Sometimes, it's a matter of life and death. The Federal Government has zeroed in over the weekend on the case of a woman from northern New South Wales who lost one of her unborn twins after she travelled to Sydney for treatment, rather than to a nearby Brisbane hospital. That hospital was much closer. While it's not clear if the delay contributed to the tragic outcome, it has highlighted the confusion for people in need of medical assistance. For more on this, I'm joined now from Perth by the President the AMA, Dr Omar Khorshid.

Omar Khorshid, welcome to RN Breakfast.

OMAR KHORSHID: Good morning, Fran.

FRAN KELLY: For weeks now, it seems we've been hearing about people whose health care and health outcomes have been compromised by border closures. There's a lot of confusion, particularly on the New South Wales-Queensland border. Is enough leeway and is enough certainty being given for people who need urgent treatment, in your view?

OMAR KHORSHID: I think, Fran, to start with you, have to say that the border closures have been a successful measure and the reality is they're going to stay in place. But we do need to acknowledge the impact on people, people living and working around those borders, families, and of course on health care. Now, if you read the rules, particularly on the Queensland side, of what are the exemptions for healthcare reasons, what are the emergency provisions, they actually seem pretty reasonable. And so, in the case of that border, it's probably a communication thing.

And I think we are all struggling with the complexity of the rules for exemptions with each border being treated differently, and what we really need is a national agreement, an absolute clarity with some simple rules so that people understand it - healthcare workers understand it, the police and the border crossing people understand it, and there's the minimum chance for confusion, delay and error in the processing of those applications for permits and exemptions.

FRAN KELLY: Yeah. That seems to have been- the confusion seems to have been the issue with this, the awful case of the woman from Ballina who travelled to New South Wales for treatment, one of her twins subsequently died. We don't know in this case exactly what had happened, but the problem seems to be nobody knew how the border restrictions would have been applied had she travelled to Brisbane. Would the mother have had to go into quarantine? What's your understanding? I mean, because the Premier keeps saying - the Premier of Queensland says: we are compassionate people; we, of course we give them free passage to all emergency health care - but the hospitals didn't seem to know the rules. What's your understanding of where this went wrong?

OMAR KHORSHID: Look, I can't comment on the specific case, but I have had a good look at the rules available on the websites from Queensland - they do seem appropriate. They do allow people to cross the border, but they don't exempt you from the quarantine regulations. So there certainly is an impact, it's not free travel and somebody's being transferred from a New South Wales hospital to a Queensland hospital, it is allowed, you don't need an exemption apparently, but clearly the people involved didn't seem to know that. But they would still need to be quarantined on arrival in Queensland,

and anybody travelling with them would presumably have a much more difficult task in actually getting across that border if they're not being directly transferred by the hospital and the Ambulance Service.

FRAN KELLY: So, broadly, you've told us you broadly support border closures as a health restriction. So, you're prepared to accept the advice of the Chief Health Officers in Queensland, or South Australia, or WA? Have you had a close look at that? And is that your position?

OMAR KHORSHID: You have to acknowledge that the borders have been probably the most successful measure, the border closures have been the most successful measure in containing the coronavirus. But on the flipside, there's a huge negative effect on the economy, on people's lives, families being split, people passing away and families not being able to attend funerals. It has a very significant impact on our society, and the closures should only be there while they're actually needed and not for longer. There is some discussion today, I see, on the definition of what a hotspot is, for instance.

FRAN KELLY: Yeah. Do you work on that?

OMAR KHORSHID: Yeah, well, Queensland determines the ACT to be a hotspot but, as far as I can see, the ACT hasn't had a case for at least 50 days, so you have to question whether that is being uniformly and appropriately applied. And it is critical that our National Cabinet comes together and develops a really simple set of border arrangements that people can understand, that we all agree on, and that don't stay in place for longer than they're needed. Because, at the end of the day, there is a very significant impact on all sorts of things, but in particular, on health care. And if there's one thing that we've seen very clearly through this pandemic, it is that normal health care has been affected by the pandemic and all the restrictions, and we're going to see a lasting health impact of those restrictions into the future.

FRAN KELLY: Is there- another thing that's been highlighted through all this, and that's the confusion created by having multiple and overlapping layers of government running health care. Do we have the mix right? Or is it time to review, again, the split between the Commonwealth and the States on health care?

OMAR KHORSHID: We have a very complex healthcare system that's certainly not helped by the fact that there are dual responsibilities across our layers of governments - different funders for different parts of the system - and sometimes one, the Federal Government, passes money on to the States and then they run their own show. It is very complex and that does contribute to extra cost, confusion, and a blame game - and it's certainly worth looking at that again from time to time.

But certainly the AMA doesn't support moving all health care to the Commonwealth at this stage because we don't believe the Commonwealth is really appropriate for service delivery on the ground and getting face-to-face with the public. But certainly, if we can make the whole health system simpler, I think we will save money and get better health outcomes.

FRAN KELLY: And just finally and briefly - we got a minute or so for the news. The Federal Government, and others really, are bringing pressure to bear on the Victorian Government to certainly detail a plan to reopen its economy. Others are suggesting that the economy should be opened up, get ready for being opened up. The AMA was one of the groups originally proposing a Stage 4 lockdown. When do you think it will be safe for these restrictions to be phased down?

OMAR KHORSHID: You've got to look at the science, and we would certainly point out that what seems to have worked finally in Victoria is the Stage 4 lockdowns. So, you'd have to be very brave to come out of those lockdowns too quickly, and we know that the Stage 3 lockdowns were not enough to

prevent the spread of the virus through the community. So, you would have to look at everything on the grounds, whether masks stay in place. But at some point, they have to emerge, we do have to remember, as I said before, the impact on people and the economy. And it'll be a slow and careful change though, rather than any rapid return to normal.

FRAN KELLY: Okay. Omar Khorshid, thank you very much for joining us.

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